

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/529672** FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4	31					
5	10					
6	01					
7	10					
8	1					
9	01					
10						
11	10					
12	01					
13	10					
14	01					
15	10					
16	01					
17	10					
18	1					
19	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	16	↓	↓	↓		
TOTAL CLAIMS	19					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS						

BEST AVAILABLE COPY